



Request for Accident Appeal

This form must be received by
Accident Appeals Committee
within 15 days of your receipt of
notice that the Accident Review
Committee determined that the
accident was "Preventable."

Employee Name: _____ Badge #: _____

Address: _____

Telephone #: _____

Date of Accident: _____

Location of Accident: _____

☐ I request the opportunity to present my appeal to the Appeal Committee in person. (If this box is not checked, your appeal will be considered based only on your written submission and written materials from the Accident Review Committee.)

Whether or not you are requesting to appear before the Appeal Committee in person, please provide the following information as completely as possible. Please use additional sheets of paper if necessary.

Basis for Appeal: I do not believe that the Accident was "Preventable" for the following reasons.

Signature _____ Date: _____

You will be notified of the decision of the Appeals Committee within 30 days of the date on which the Appeals Committee meets to consider your appeal and will receive a written report setting forth the basis of its decision as soon as reasonably possible.